

United States Postal Service

Postage Statement — Priority Mail and
Zoned Rate Standard Mail (B) — Meter Postage Affixed

MAILER: Complete all items by typewriter, pen, or indelible pencil. If you need a receipt, use Form 3606 (DMM S914).

Mailer Information	Post Office of Mailing		Mailing Date		Processing Category (DMM C050)		USPS Authorized Mailing ID Code(s)	
	Permit No.		Statement Sequence No.		<input type="checkbox"/> Letters <input type="checkbox"/> Flats <input type="checkbox"/> Machinable Parcels <input type="checkbox"/> Irregular Parcels <input type="checkbox"/> Outside Parcels			
	Permit Holder's Name and Address (Include ZIP Code)		Telephone		Receipt No.			
	Container Quantities (Fill in all that apply)							
	1-Ft. MM Trays _____ 2-Ft. MM Trays _____ 2-Ft. EMM Trays _____ Total Ltr. Trays _____							
	Flat Trays _____ Number of Sacks _____ Number of Pallets _____ Number of Other _____							
Weight of a Single Piece _____ pounds						If Bound Printed Matter, Sacking Based On <input type="checkbox"/> 10 pcs. <input type="checkbox"/> 20 lbs. <input type="checkbox"/> 1,000 cu. in.		
Total Pieces _____						Total Weight _____		
Dun & Bradstreet No. _____								
Name and Address of Individual or Organization for Which Mailing Is Prepared (If other than permit holder)								
Dun & Bradstreet No. _____								
Postage Computation	<input type="checkbox"/> For bound printed matter (DMM E633), go to Part A on the reverse of this form. (Check if catalog bound printed matter) → <input type="checkbox"/> <input type="checkbox"/> For bulk parcel post (DMM E622), go to Part B on the reverse of this form. <input type="checkbox"/> For destination BMC / ASF mail (DMM E652), go to Part C on the reverse of this form. <input type="checkbox"/> For Presorted Priority Mail (DMM E120), go to Part D on the reverse of this form.					Postage (From reverse side) ➡	Part A	\$
							Part B	\$
							Part C	\$
							Part D	\$
	Additional Postage Payment (Check reason) <input type="checkbox"/> Nonmachinable Surcharge (Inter-BMC Parcel Post Only) <input type="checkbox"/> Special Service (Specify) _____ <input type="checkbox"/> Residual Pieces Bearing Presorted Priority Rate Postage					No. Pieces _____	Rate/Fee Per Pc. _____ = \$	
	Total Postage ➡ \$							
Postage Affixed _____ pcs. x \$ _____ = Less Total Affixed ➡ \$ -								
Net Postage Due ➡ \$								
Certification	The signature of a mailer certifies that it will be liable for and agrees to pay, subject to appeals prescribed by postal laws and regulations, any revenue deficiencies assessed on this mailing. (If this form is signed by an agent, the agent certifies that it is authorized to sign this statement, that the certification binds the agent and the mailer, and that both the mailer and the agent will be liable for and agree to pay any deficiencies.)							
	The submission of a false, fictitious, or fraudulent statement may result in imprisonment of up to 5 years and a fine of up to \$10,000 (18 USC 1001). In addition, a civil penalty of up to \$5,000 and an additional assessment of twice the amount falsely claimed may be imposed (31 USC 3802).							
	I hereby certify that all information furnished on this form is accurate and truthful, and that the material presented qualifies for the rates of postage claimed.							
Signature of Permit Holder or Agent (Both principal and agent are liable for any postage deficiency incurred.)						Telephone		
USPS Use Only	Single-Piece Weight _____ pounds		Are figures at left adjusted from mailer's entries? <input type="checkbox"/> Yes <input type="checkbox"/> No					
			If "Yes," Reason _____					
	Check One <input type="checkbox"/> Presort Verification Not Scheduled <input type="checkbox"/> Presort Verification Performed as Scheduled		Date Mailer Notified _____		Contact _____		By (Initials) _____	
			Round Stamp (Required)					
			I CERTIFY that this mailing has been inspected concerning: (1) eligibility for postage rate claimed; (2) proper preparation (and presort where required); (3) proper completion of postage statement; and (4) payment of required annual fee.					
		Signature of Weigher _____		Time _____ AM _____ PM				

**Form 3605-P — Priority Mail and
Zoned Rate Standard Mail (B) — Meter Postage Affixed**

¹ Show actual amount due for each piece. Show total affixed and balance due on front.

Check as applicable:

A. Bound Printed Matter ☐ **Bulk** ☐ **Catalog**

Zone	Basic Bulk Rate				Carrier Route Bulk Rate				Total Postage Part A
	Number of Pieces	x	Net Rate ¹	= Basic Rate Charge	Number of Pieces	x	Net Rate ¹	= Carrier Route Rate Charge	
Local									
1 & 2									
3									
4									
5									
6									
7									
8									
Totals									

B. Bulk Parcel Post

Zone	Inter-BMC Parcel Post				Intra-BMC Parcel Post				Total Postage Part B
	Number of Pieces	x	Inter-BMC Rate	= Inter-BMC Postage	Number of Pieces	x	Intra-BMC Rate	= Intra-BMC Postage	
Local									
1 & 2									
3									
4									
5									
6									
7									
8									
Totals									

C. Destination BMC / ASF Mail

Zone	Number of Pieces	x	Destination BMC / ASF Rate	=	Total Postage Part C
1 & 2					
3					
4					
5					
Totals					

D. Presorted Priority Mail

Zone	Total Number of Pieces (All rates)	Presorted Pieces			Residual Pieces			Total Postage Affixed Part D
		Number of Pieces	x	Presorted Priority Rate Net ¹	Number of Pieces	x	Net Rate Affixed ¹ <input type="checkbox"/> Presorted Priority <input type="checkbox"/> Single-Piece	
Local								
1 & 2								
3								
4								
5								
6								
7								
8								
Totals								